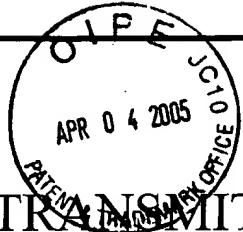


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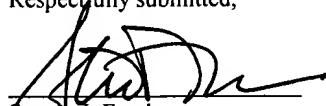
**TRANSMITTAL  
FORM**



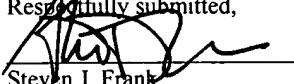
<b>TRANSMITTAL FORM</b>	Application Serial Number	09/887,201
	Filing Date	June 22, 2001
	First Named Inventor	Shepard
	Group Art Unit	2824
	Examiner Name	S. T. Dinh
	Attorney Docket No.	NUP-004
	Patent No.	Not applicable
	Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application  <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response  <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Drawings [Total Sheets 3]  <input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission  <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

<b>CORRESPONDENCE ADDRESS</b>	<b>SIGNATURE BLOCK</b>
Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414	Respectfully submitted,  Steven J. Frank Atty/Agent for Applicant(s) Goodwin Procter LLP Exchange Place Boston, MA 02109

<b>FEE TRANSMITTAL</b> <b>FY 2005</b> <i>APR 04 2005</i> <i>PATENT &amp; TRADEMARK OFFICE</i>		<i>Complete if Known</i>	
		Application Serial Number	09/887,201
		Filing Date	June 22, 2001
		First Named Inventor	Shepard
		Group Art Unit	2824
		Examiner Name	S. T. Dinh
		Attorney Docket No.	NUP-004

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity      Small Entity Fee (\$ )      Fee (\$ )      Fee Description      Fee Paid 130      65      Surcharge - late filing fee or oath 50      25      Surcharge - late provisional filing fee or cover sheet 130      130      Non-English specification 2,520      2,520      Request for ex parte reexamination 120      60      Extension for reply within first month 450      225      Extension for reply within second month 1020      510      Extension for reply within third month 1590      795      Extension for reply within fourth month 2160      1080      Extension for reply within fifth month 500      250      Notice of Appeal 500      250      Filing a brief in support of an appeal 1000      500      Request for oral hearing 400      400      Petitions to the Commissioner (Gp. I) 200      200      Petitions to the Commissioner (Gp. II) 130      130      Petitions to the Commissioner (Gp. III) 180      180      Submission of Information Disclosure Statement 790      395      Filing a submission after final rejection (37 CFR 1.129(a)) 790      395      For each additional invention to be examined (37 CFR 1.129(b)) 100      100      Certificate of Correction for applicant's error 130      65      Submission of Terminal Disclaimer Other fee (Specify) _____ Other fee (Specify) _____		
<b>1. FILING/SEARCH/EXAM/SIZE FEES</b> <b>Large Entity</b>		<b>Fee Description</b> <b>Fee Paid</b>		
Fee (\$)				
300	Utility filing fee			
500	Utility search fee			
200	Utility exam fee			
250	Utility size fee (each add'l 50 pgs. over 100)			
200	Design filing fee			
100	Design search fee			
130	Design exam fee			
250	Design size fee (each add'l 50 pgs. over 100)			
	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 50.00 =	
Independent Claims	- 3 =		x \$200.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$360.00 =		
		TOTAL:		
		<b>SMALL ENTITY DISCOUNT:</b> <b>SUBTOTAL (1)</b> <b>(\$)</b> <b>0.00</b>		
<b>2. AMENDMENT CLAIM FEES</b>		<b>SUBTOTAL (3)</b> <b>(\$)</b>		
Claims Remaining After Amend.	Highest No. Previously Paid For	Present	Rate	Fee Paid
Total Indep.	- =	x \$ 50.00 =		
	- =	x \$200.00 =		
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+\$360.00=		
		TOTAL: <b>(\$)</b>		
		<b>SMALL ENTITY DISCOUNT:</b> <b>SUBTOTAL (2)</b> <b>(\$)</b> <b>0.00</b>		
		<b>TOTAL</b> <b>(\$)</b> <b>225.00</b>		
<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>		
Direct all correspondence to:		Respectfully submitted,  Steven J. Frank Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		